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APPLICANTS

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** CONTINUING DATA *none* *ST* *****

** FOREIGN APPLICATIONS *yes* *ST* *****

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IF REQUIRED, FOREIGN FILING LICENSE ** SMALL ENTITY **
 GRANTED

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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>Shumaye</i> Examiner's Signature	STATE OR COUNTRY BELGIUM	SHEETS DRAWING 6	TOTAL CLAIMS 18	INDE (
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ADDRESS

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TITLE

Orthopedic arm and shoulder brace

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